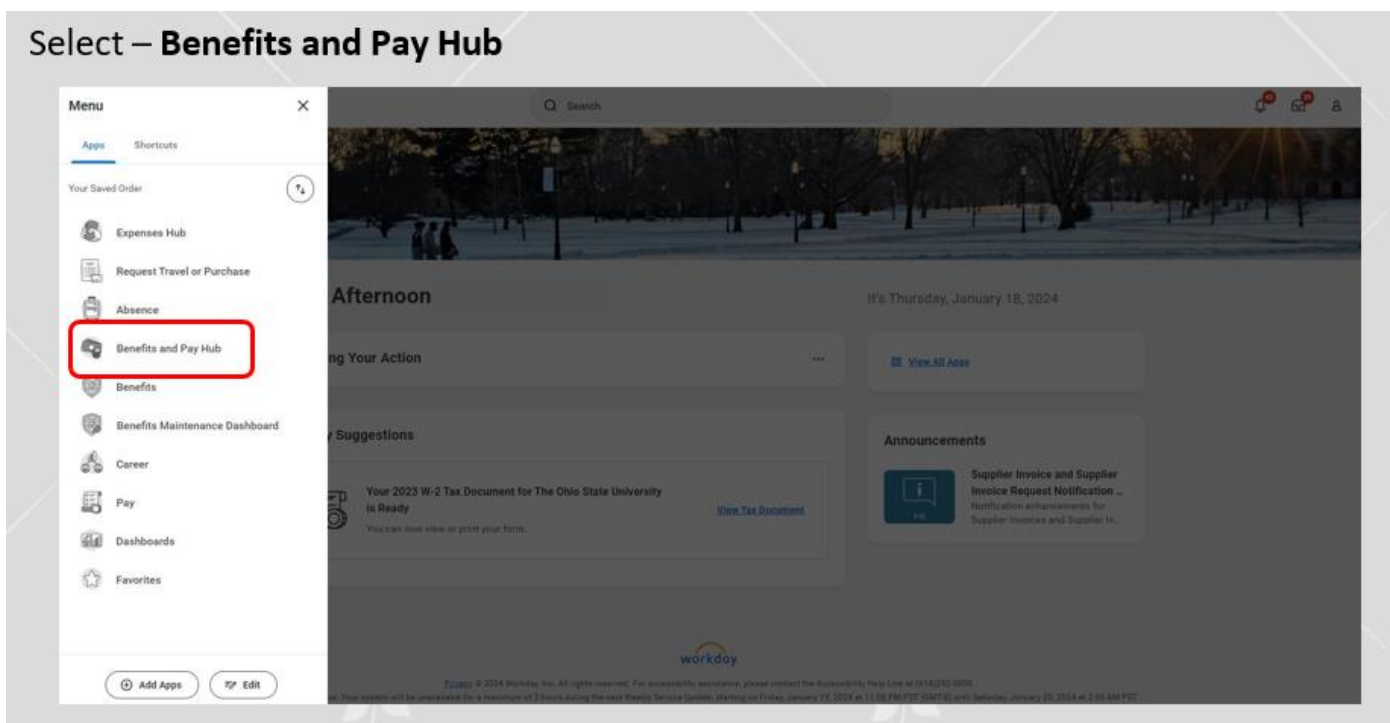
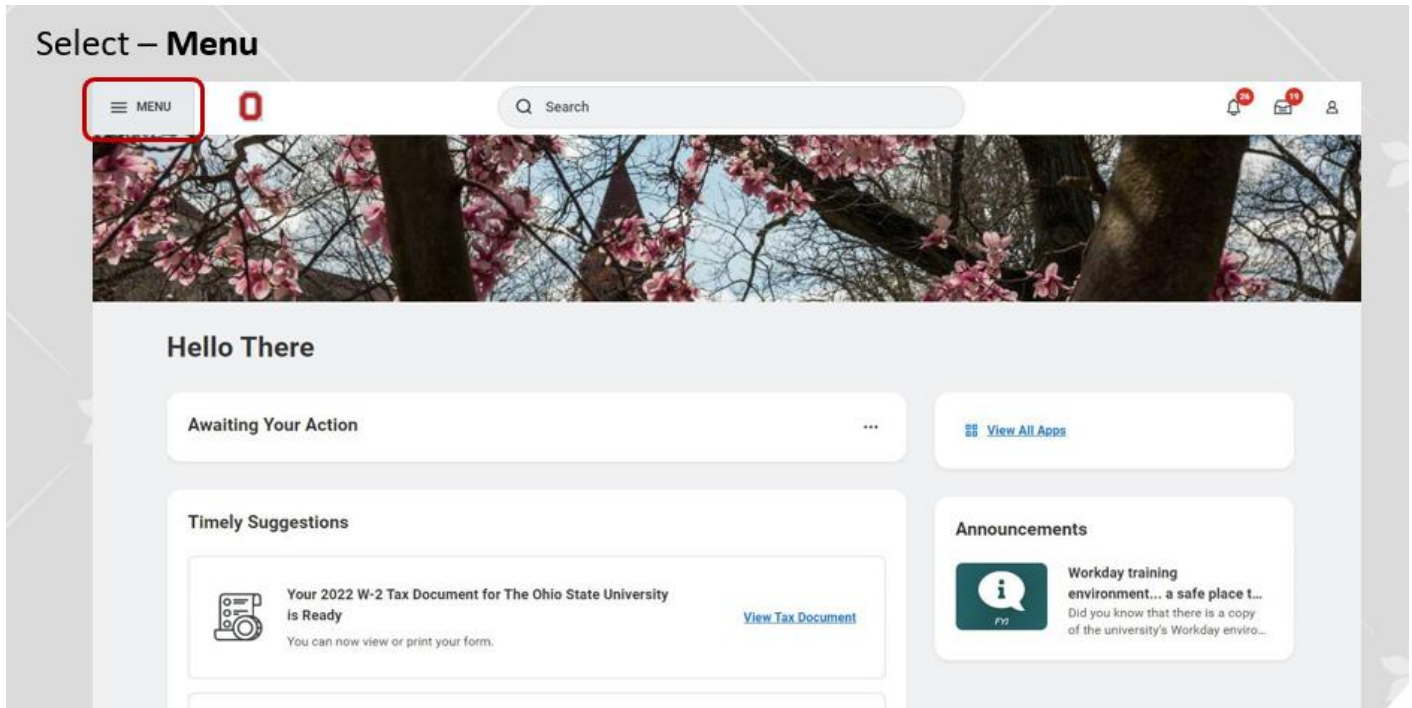


How to Change Benefits in Workday

Newborn/ Adoption Benefit Enrollment

***Time sensitive (enroll within 30 days after birth)**

- Log into workday <https://workday.osu.edu/>



Tasks and Reports – Change Benefits

The screenshot shows the Workday Benefits and Pay Hub interface. On the left is a navigation menu with categories like Overview, Benefits, Pay, and Compensation. The main content area features several cards: a 'Welcome Pilot Group' message, an 'Attention' warning about pilot group views, and a 'Tasks and Reports' section. In the 'Tasks and Reports' section, the 'Change Benefits' link is highlighted with a red rectangular box. Below this are sections for 'Overview', 'Most Recent Pay', 'Current Benefit Costs', 'Compensation Summary', 'Compensation History', and 'Bonus & One-Time Payments'.

Select – Birth or Adoption

The screenshot shows the 'Change Benefits' form. The 'Change Reason' field is a dropdown menu that is currently open, displaying a list of reasons. The options 'Adoption' and 'Birth' are highlighted with a red rectangular box. Other options in the list include 'Add / Change Beneficiary', 'Add/Drop Life Insurance or Add Short Term Disability', 'Death of a Dependent - Child (Documentation Required)', 'Death of a Dependent - Spouse (Documentation Required)', 'Dependent Tuition Assistance Enrollment - Summer', 'Divorce (Documentation Required)', 'Faculty and Staff Tuition Assistance Enrollment - Summer', 'Gain of Other Coverage (Documentation Required)', and 'Guardianship (Documentation Required)'. To the right of the dropdown is an 'Instructions' section with a downward arrow icon and the text: 'Only attach documentation where the Change Reason indicates that documentation is required.' At the bottom left of the form is a blue 'Submit' button.

Input – Event Date (Birthday or Adoption date) - Submit

Change Benefits

Change Reason * Birth

Benefit Event Date * 10/10/2023

Submit Elections By 11/08/2023

Benefits Offered
Dental
Dependent Care FSA
Group Term Life
Health Care FSA
Medical
More (5)





Attachments

Drop files here
or
Select files

Submit Save for Later Cancel

Instructions
Only attach documentation where the Change Reason indicates that documentation is required.

Select - Open

MENU  Search   

Benefits

You have submitted
Up Next: Change Benefit Elections
[View Details](#)

Open





Change
Beneficiaries
Benefits

Your Plan for Health
My Dependent Eligibility Verification
Form 1095-C
My FSA/HRA/LSA (HealthEquity) 2023 Plan Enr...

View
Benefit Elections

Current Cost
256.17

Select – Let's Get Started

MENU  Search   





Change Benefit Elections

Initiated On 04/04/2023

Submit Elections By 04/30/2023

[Let's Get Started](#)






Medical card select – Manage

MENU  Search   

Birth

Projected Total Cost Per Paycheck \$256.17 Projected Total Credits \$25.00

Health Care and Accounts

Plan Name	Cost per paycheck	Coverage	Dependents	Action
 Medical Trustmark Prime Care Connect	\$171.38	Employee + Child(ren)	2	Manage
 Dental Delta Dental Basic	\$18.54	Employee + Child(ren)	2	Manage
 Vision Vision Service Plan Basic	\$5.92	Employee + Child(ren)	2	Manage
 Health Care FSA HealthEquity	\$25.00			
 Dependent Care FSA Waived				

[Review and Sign](#) [Save for Later](#)

Confirm Medical Enrollment – Confirm and Continue

Medical

Projected Total Cost Per Paycheck
\$256.17

Projected Total Credits
\$25.00

Plans Available

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee + Child(ren).

2 items

*Selection	Benefit Plan Details	You Pay (Monthly)	Company Contribution (Monthly)	Credi (Monthl)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Trustmark Prime Care Choice	\$132.68	\$1,054.80	\$25.0
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Trustmark Prime Care Connect	\$171.38	\$1,136.62	\$25.0

Health Care Instructions

General Instructions

Confirm and Continue

Cancel

Select – Add New Dependent

Medical - Trustmark Prime Care Connect

Projected Total Cost Per Paycheck
\$256.17

Projected Total Credits
\$25.00

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage * Employee + Child(ren)

Plan cost per paycheck \$171.38

Add New Dependent

Health Care Instructions

General Instructions

3 items

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Billy Buckeye	Child	06/03/2014
<input checked="" type="checkbox"/>	Sally Buckeye	Child	01/08/2017
<input type="checkbox"/>	Brutus Buckeye	Spouse	01/02/1984

Save

Cancel

Add Dependent Details

Add My Dependent From Enrollment

Name

Country *

First Name *

Middle Name

Last Name *

Suffix

Personal Information

Relationship *

Date of Birth *

Age (empty)

Sex *

Citizenship Status

Payroll Dependent

Tobacco Use Has your **dependent** used tobacco in any form during the past twelve (12) months or is your **dependent** currently using nicotine in any form?

* Yes
 No

Save

Cancel

Select Check Box to Add dependent to Medical - Save

Medical - Trustmark Prime Care Connect

Projected Total Cost Per Paycheck
\$256.17

Projected Total Credits
\$25.00

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage * Employee + Child(ren)

Plan cost per paycheck \$171.38

Add New Dependent

3 Items

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Billy Buckeye	Child	06/03/2014
<input checked="" type="checkbox"/>	Sally Buckeye	Child	01/08/2017
<input type="checkbox"/>	Brutus Buckeye	Spouse	01/02/1984

Save

Cancel

Health Care Instructions

General Instructions

- To make additional changes you will need to go to manage for each selection (dental, vision, FSA) and make updates.

Manage – all Benefits for updates – Manage all benefits – Review and Sign

Birth

Projected Total Cost Per Paycheck: \$256.17 | Projected Total Credits: \$25.00

Your Medical changes have been updated, but not submitted
 Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

Health Care and Accounts

- Medical** (Trustmark Prime Care Connect)
 - Cost per paycheck: \$171.38
 - Coverage: Employee + Child(ren)
 - Dependents: 2
- Dental** (Delta Dental Basic)
 - Cost per paycheck: \$18.54
 - Coverage: Employee + Child(ren)
 - Dependents: 2
- Vision** (Vision Service Plan Basic)
 - Cost per paycheck: \$5.32
 - Coverage: Employee + Child(ren)
 - Dependents: 2
- Health Care FSA** (HealthEquity)
 - Contribution per: \$25.00
- Dependent Care FSA** (Waived)

Review and Sign | Save for Later

Review all changes – Scroll Down

View Summary

Projected Total Cost Per Paycheck: \$256.17 | Projected Total Credits: \$25.00

Selected Benefits: 8 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical Trustmark Prime Care Connect	01/03/2023	01/03/2023	Employee + Child(ren)	Billy Buckeye Sally Buckeye		\$146.38
Dental Delta Dental Basic	01/03/2023	01/03/2023	Employee + Child(ren)	Billy Buckeye Sally Buckeye		\$18.54
Vision Vision Service Plan Basic	01/03/2023	01/03/2023	Employee + Child(ren)	Billy Buckeye Sally Buckeye		\$5.32
Health Care FSA HealthEquity	01/04/2023	01/04/2023	\$300.00 Annual			\$25.00

Submit | Save for Later | Cancel

Select - I Accept – Submit

Electronic Signature

I have had the opportunity to review The Ohio State University benefit plan documents, programs and policies at hr.osu.edu/benefits. I authorize the University to deduct contributions for my elected benefits from my pay on a pre-tax or after tax basis as provided in plan documents and guidelines at hr.osu.edu/benefits/rates.

I certify that:

- The information I have provided in this enrollment process is complete and correct.
- Any individual for whom I am requesting dependent health coverage meets the definition of an eligible dependent under guidelines at hr.osu.edu/benefits/dependent-eligibility
- I understand that falsification of enrollment information, an intentional misrepresentation of a material fact or fraud may subject me to termination of benefits (in some cases, retroactively) and/or disciplinary action up to and including termination of employment.

I understand and agree that:

- Implementation of my elections may be contingent on the University's approval of consistency with plan terms and IRS rules and, if requested, submission of supporting documentation.
- My elections cannot be changed or voluntarily cancelled during the calendar year unless I experience a qualifying status change. I notify the Office of Human Resources within 30 days (60 days for certain Medicaid events) and IRS rules permit the requested change. See basic life insurance, voluntary life insurance and short-term disability benefit plan documents for certain exceptions.
- I will be billed directly for employee contributions for elected benefits (other than FSAs) in the event my University pay is not sufficient to cover the required contributions or if I go on an unpaid leave of absence. If I fail to make timely contributions, my benefits will be terminated for lack of payment and I will be responsible for employee contributions missed prior to my coverage termination date. FSA contribution arrearages will be deducted from future pay.
- Any funds remaining in my FSAs at the close of the calendar year and the grace period (if applicable) will be forfeited.
- For tuition assistance, it is my responsibility to pay the full amount of tuition assistance in the event I or my dependent is not eligible under guidelines at hr.osu.edu/benefits/tuition-assistance/faculty-staff and hr.osu.edu/benefits/tuition-assistance/dependent.
- If tuition assistance is taxable under IRS rules, I am responsible for the tax liability.
- For life insurance, the effective date of coverage (or an increase in coverage) is subject to active work and non-confinement requirements.
- Voluntary life insurance in excess of any guaranteed issue amounts is contingent on the insurer's approval of evidence of insurability.
- For life insurance, if I named a new beneficiary or beneficiaries, any previous beneficiary designations are revoked.
- Availability of benefits is based on plan terms and subject to future changes. By enrolling in any University benefit plan, I am agreeing to all of the terms of that benefit plan.

I Accept

Submit

Save for Later

Cancel